



INFORMATION AND COMMUNICATION TECHNOLOGIES AUTHORITY (ICTA)

Level 12, The Celicourt 6, Sir Celicourt Antelme Street Port Louis Mauritius
Tel.: (230) 211 5333/4 Fax: (230) 211 9444 email: icta@intnet.mu

APPLICATION FORM FOR RENEWAL OF PRIVATE MOBILE RADIO LICENCE

Please complete in **BLOCK** letters.

Any application made on behalf of a body corporate should be signed by a person duly authorised by the body corporate.

Any payment made by cheque should be drawn to the order of the Information and Communication Technologies Authority.

NB: Please note that where an application form is incomplete or where supporting documents/information have not been provided, the said application for licence, may not be considered by the Authority.

PARTICULARS OF APPLICANT	
Name:.....	
Address:.....	
Telephone No.:.....	Fax No.:.....

Please note on page 2, **Installation Address** refers to the following:-

1. For Portable Radio, Base Station or Repeater Station, please provide the specific address where same are being operated; and,
2. For Mobile Radio, please provide the Registration Number of the vehicle on which it is mounted.

If the table on page 2 is not sufficient, please use a separate sheet with the same format.

	Licence No.	Make	Model	Serial No.	Installation Address	Type of radio station	Frequency	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	
							Tx: MHz	
							Rx: MHz	
							PL Tone: Hz	

DECLARATION	
<p>I declare that all information in this application form is true and correct. I agree to comply with any terms and conditions which the Information and Communication Technologies Authority may impose and to be bound by the laws and regulation in force.</p>	
	Company's stamp
Applicant's signature:.....	
Signatory's name:.....	
Date:.....	